4-2									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003										0/1	17	133	27	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER		
TOTAL CLAIMS			9					RATE	RATE FEE]	RATE	FEE -	
FOR			NUMBER FILED		NUM	UMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			9 minus 20=		•	0		XS 9=		OR	X\$18=			
INDEPENDENT CLAIMS			5 minus 3 =		•	2		X43= 86		86	OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL 41		OR	TOTAL .			
CLAIMS AS AMENDED - PART II									_	911	,	OTHER	THAN	
_	(Column 1) (Column 2) (Column 3)						, ,	SMALL ENTITY			OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER BUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·	Minus			=		X\$ 9=			OR	X\$18=		
	Independent		Minus	/ /		=		X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+145=	1			+290=		
. •									. ,	1 1	OR OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE						
AMENOMENT B		CLAIMS REMAINING AFTER	·	HIĞHE NUMB PREVIO	ST SER USLY	PRESENT EXTRA		RATE	TI	ADDI- ONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT .	Minus	PAID F	OR	=	╽┟	XS 9=	+	FEE	ł	X\$18=	FEE	
	Incependent	•	Minus	***		=	-		+		OR			
Ä	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	- -		OR	· X86=		
										·	OR	+290=		
								TOTA DDIT. FE			OR ,	TOTAL ADDIT. FEE		
I	(Column 1) (Column 2) (Column 3)												1.	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	TK	DDI- ONAL EE	ſ	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** '		=		X\$ 9=	Ť		OR	X\$18=		
	Independent	•	Minus	900 -		=	-	X43=	T		ı	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									╀		OR	∧00=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+290= TOTAL				
-	the "Highest Nur	mber Previously Pa ber Previously Paid ber Previously Paid	id For IN THIS	S SPACE is	less that	n 3. enter *3.*	~~	ODIT. FEE d in the a			A	DDIT. FEE L Imn 1.		

FORM PTO-875 (Rev 10/03)

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